

HiCom Care ABN: 72954427965 Suite 207/1 Thomas Holmes Street MARIBYRNONG VIC 3032 Mob: 0400 702 515 Email: invoice@hicomcare.com.au

Reimbursement Claim Form

Client name	
NDIS number	
Contact number	
Address	
Date sent	

Date	Description	Amount
	Total	

Preferred Payment Method Direct Deposit - Banking Details		
BSB		
Account number		
Account name		

By signing this form, I confirm that I have all relevant invoices and receipts documenting proof of payment and that the claim for reimbursement is correct and within the goals of my NDIS plan.